

Please type a plus sign (+) inside



PTO/SB/01 (12-97)

Approved for use through 8/30/00. OMB 0851-0032  
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		Attorney Docket Number	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing		First Named Inventor	Schuster
OR		<b>COMPLETE IF KNOWN</b>	
<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.18 (e)) required)		Application Number	
		Filing Date	
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Optical Arrangement

(Title of the Invention)

the specification of which

☒ is attached hereto  
OR  
☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT International Application Number  and was amended (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 385(b) of any foreign application(s) for patent or inventor's certificate, or 385(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
19963587.0	Germany	12/29/1999	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

Page 1 of 2

**Burden Hour Statement:** This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

99055 P

Please type a plus sign (+) inside this box ☐

PTO/SB/01 (12-97)

Approved through 9/30/00, OMB 0851-0032  
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 385(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number  → Please Customer Number Bar Code Label here

☐ OR Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Jody L. Factor	34157		
Jovan N. Jovanovic	40039		
William L. King	48830		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number  or Bar Code Label OR ☐ Correspondence address below

Name	Jovan N. Jovanovic				
Address	FACTOR & PARTNERS, LLC				
Address	100 West Monroe St., Suite 300				
City	Chicago	State	IL	ZIP	60603
Country	USA	Telephone	312-678-0400	Fax	312-678-8220

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))		Family Name or Surname			
Karl-Heinz		Schuster			
Inventor's Signature	Karl-Heinz Schuster			Date	22/11/00
Residence: City	Königsbrunn	State		Country	Germany
Post Office Address	Rechbergstr. 24				
Post Office Address					
City	Königsbrunn	State		Zip	D-89551
				Country	Germany

☐ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this ☐

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0851-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page <u>1</u> of <u>2</u>
--------------------	--

<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Hubert				Holderer			
Inventor's Signature						Date	1.12.2000
Residence: City	Königsbrunn	State		Country	Germany	Citizenship	Germany
Post Office Address							
Gräfstr. 6							
Post Office Address							
City	Königsbrunn	State		Zip	D-89551	Country	Germany
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Rudolf				Von Bülow			
Inventor's Signature						Date	12/4/01
Residence: City	Esslingen	State		Country	Germany	Citizenship	Germany
Post Office Address							
Taussenbergweg 38/2							
Post Office Address							
City	Esslingen	State		Zip	D-73457	Country	Germany
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Christian				Wagner			
Inventor's Signature						Date	12/06/00
Residence: City	Aalen	State		Country	Germany	Citizenship	Germany
Post Office Address							
Weidenfeld 8							
Post Office Address							
City	Aalen	State		Zip	D-73430	Country	Germany

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

2000-01-01 10:00:00



Approved for use on 9/30/88. OMB 0651-0032

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Jochen				Becker			
Inventor's Signature		<i>Jochen Becker</i>			Date		23.11.00
Residence: City		Oberkochen	State		Country	Germany	Citizenship
Post Office Address		Junoweg 10					
Post Office Address							
City		Oberkochen	State		Zip	D-73447	Country
						Germany	
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Stefan				Kalter			
Inventor's Signature		<i>Stefan Kalter</i>			Date		23.11.00
Residence: City		Oberkochen	State		Country	Germany	Citizenship
Post Office Address		Frühlingstr. 7					
Post Office Address							
City		Oberkochen	State		Zip	D-73447	Country
						Germany	
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Wolfgang				Hummel			
Inventor's Signature		<i>Wolfgang Hummel</i>			Date		21.12.00
Residence: City		Schwäbisch Gmünd	State		Country	Germany	Citizenship
Post Office Address		Gartenstr. 21					
Post Office Address							
City		Schwäbisch Gmünd	State		Zip	D-73525	Country
						Germany	

**Burden Hour Statement:** This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.**

Station	Time	Lat	Long	Alt	Temp	Wind	Clouds	Pressure	Humidity	Visibility	Remarks
1	0000	34° 15' N	121° 05' E	10	10.0	000	000	1013.2	85	10	Clear
2	0100	34° 15' N	121° 05' E	10	10.0	000	000	1013.2	85	10	Clear
3	0200	34° 15' N	121° 05' E	10	10.0	000	000	1013.2	85	10	Clear
4	0300	34° 15' N	121° 05' E	10	10.0	000	000	1013.2	85	10	Clear
5	0400	34° 15' N	121° 05' E	10	10.0	000	000	1013.2	85	10	Clear
6	0500	34° 15' N	121° 05' E	10	10.0	000	000	1013.2	85	10	Clear
7	0600	34° 15' N	121° 05' E	10	10.0	000	000	1013.2	85	10	Clear
8	0700	34° 15' N	121° 05' E	10	10.0	000	000	1013.2	85	10	Clear
9	0800	34° 15' N	121° 05' E	10	10.0	000	000	1013.2	85	10	Clear
10	0900	34° 15' N	121° 05' E	10	10.0	000	000	1013.2	85	10	Clear
11	1000	34° 15' N	121° 05' E	10	10.0	000	000	1013.2	85	10	Clear
12	1100	34° 15' N	121° 05' E	10	10.0	000	000	1013.2	85	10	Clear
13	1200	34° 15' N	121° 05' E	10	10.0	000	000	1013.2	85	10	Clear
14	1300	34° 15' N	121° 05' E	10	10.0	000	000	1013.2	85	10	Clear
15	1400	34° 15' N	121° 05' E	10	10.0	000	000	1013.2	85	10	Clear
16	1500	34° 15' N	121° 05' E	10	10.0	000	000	1013.2	85	10	Clear
17	1600	34° 15' N	121° 05' E	10	10.0	000	000	1013.2	85	10	Clear
18	1700	34° 15' N	121° 05' E	10	10.0	000	000	1013.2	85	10	Clear
19	1800	34° 15' N	121° 05' E	10	10.0	000	000	1013.2	85	10	Clear
20	1900	34° 15' N	121° 05' E	10	10.0	000	000	1013.2	85	10	Clear
21	2000	34° 15' N	121° 05' E	10	10.0	000	000	1013.2	85	10	Clear
22	2100	34° 15' N	121° 05' E	10	10.0	000	000	1013.2	85	10	Clear
23	2200	34° 15' N	121° 05' E	10	10.0	000	000	1013.2	85	10	Clear
24	2300	34° 15' N	121° 05' E	10	10.0	000	000	1013.2	85	10	Clear